

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/762362

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2		2		
4		0		2		
5		0		2		
6		0		2		
7		0		2		
8	/		/			
9	/		/			
10	/		/			
11		0		0		
12		0		0		
13		0		2		
14		0		0		
15		1		1		
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TOTAL IND.	5		5			
TOTAL DEP.	11		16			
TOTAL CLAIMS	16		21			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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